



#4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Atty. Docket No. 96-2088-B)

First Named Inventor: Dai)	
)	Examiner: unassigned
Application No.: 10/010,644)	
)	Group Art Unit: 1632
Filing Date: November 8, 2001)	
)	Confirmation No.: 6950
Title: Methods for Highly Efficient)	
Generation of Adenoviral Vectors)	

Commissioner for Patents
Washington, D.C. 20231

RECEIVED
NOV 19 2002
OFFICE OF PETITIONS

PETITION FOR A FOUR MONTH EXTENSION OF TIME


Honorable Commissioner:

The applicants respectfully petition for a four month extension of time in which to respond to the Notice to File Missing Parts of a Non-Provisional Application mailed January 10, 2002, in which the applicant was given two months to respond. With this extension, the applicant's response is due on or before July 10, 2002. The requisite fee accompanies this petition. The Commissioner is authorized to debit any underpayment or credit any overpayment of fees associated with this application to Deposit Account 13-2490.

Adjustment date: 12/03/2002 AKELLEY
11/19/2002 AWONDAF1 00000078 10010644
02 FC:2254 -720.00 OP
Repln. Ref: 12/03/2002 AKELLEY 0010405000
DAH:132490 Name/Number:10010644
FC: 9204 \$720.00 CR

Dated: November 15, 2002

Respectfully,


Mark L. Chael, J.D., Ph.D.
Reg. No. 44,601

11/19/2002 AWONDAF1 00000078 10010644

02 FC:2254 720.00 OP



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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12-3-02</u>		2 Serial/Patent # <u>60/010,644</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	4	11/15/02	\$ 720 ⁰⁰							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 720 ⁰⁰								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>3</td><td>--</td><td>2</td><td>4</td><td>9</td><td>0</td></tr></table>			1	3	--	2	4	9	0
1	3	--	2	4	9	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>unnecessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAN LAYMON</u>		TITLE: <u>pat. exam.</u>									
SIGNATURE: <u>W- Laymon</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>12/3/02</u>									

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